

## CRITERIA FOR PRIOR AUTHORIZATION

~~Lyrica® (pregabalin),~~ Lyrica CR® (pregabalin ER)~~PROVIDER GROUP~~ Pharmacy~~BILLING CODE TYPE~~ For drug coverage and provider type information, see the KMAP Reference Codes webpage.

**MANUAL GUIDELINES**     ~~The following drug requires prior authorization:~~ Prior authorization will be required for all current and future dose forms available. All medication-specific criteria, including drug-specific indication, age, and dose for each agent is defined in table 1 below.

~~pregabalin (Lyrica®, Lyrica CR®)~~ Pregabalin ER (Lyrica CR®)~~CRITERIA FOR APPROVAL FOR DIAGNOSIS OF PARTIAL ONSET SEIZURE~~ (must meet all of the following):

- ~~● Patient must have a diagnosis of partial-onset seizure~~
- ~~● Request must be for immediate release Lyrica~~
- ~~● Patient must be 18 years of age or older~~
- ~~● Dose must not exceed 600 mg per day~~

~~CRITERIA FOR APPROVAL FOR DIAGNOSIS OF NEUROPATHIC PAIN ASSOCIATED WITH DIABETIC PERIPHERAL NEUROPATHY~~ (must meet all of the following):

- ~~● Patient must have a diagnosis of neuropathic pain associated with diabetic peripheral neuropathy~~
- ~~● Patient must be 18 years of age or older~~
- ~~● Dose must not exceed the maximum recommended dose for the patient's diagnosis~~
  - ~~○ Immediate Release: Dose must not exceed 300 mg per day~~
  - ~~○ Extended Release: Dose must not exceed 330 mg per day~~

~~CRITERIA FOR APPROVAL FOR DIAGNOSIS OF POSTHERPETIC NEURALGIA~~ (must meet all of the following):

- ~~● Patient must have a diagnosis of postherpetic neuralgia~~
- ~~● Patient must be 18 years of age or older~~
- ~~● Dose must not exceed the maximum recommended dose for the patient's diagnosis~~
  - ~~○ Immediate Release: Dose must not exceed 600 mg per day~~
  - ~~○ Extended Release: Dose must not exceed 660 mg per day~~

~~CRITERIA FOR APPROVAL FOR DIAGNOSIS OF FIBROMYALGIA~~ (must meet all of the following):

- ~~● Patient must have a diagnosis of fibromyalgia~~
- ~~● Request must be for immediate release Lyrica~~
- ~~● Patient must be 18 years of age or older~~
- ~~● Dose must not exceed 450 mg per day~~

~~CRITERIA FOR APPROVAL FOR DIAGNOSIS OF NEUROPATHIC PAIN ASSOCIATED WITH SPINAL CORD INJURY~~ (must meet all of the following):

- ~~● Patient must have a diagnosis of neuropathic pain associated with spinal cord injury~~
- ~~● Request must be for immediate release Lyrica~~

#### DRAFT PA Criteria

- ~~Patient must be 18 years of age or older~~
- ~~Dose must not exceed 600 mg per day~~

#### GENERAL CRITERIA FOR PRIOR AUTHORIZATION: (must meet all of the following)

- Must be approved for the indication, age, and not exceed dosing limits listed in Table 1.
- For all agents listed, the preferred PDL drug, if applicable, which treats the PA indication, is required unless the patient meets the non-preferred PDL PA criteria.
- Patient must have a documented successful trial of pregabalin immediate release (IR) for at least 90 days in the past 120 days.

#### CRITERIA FOR RENEWAL: (must meet all of the following)

- Must not exceed dosing limits listed in Table 1.

**LENGTH OF APPROVAL (INITIAL AND RENEWAL): 12 months**

#### FOR DRUGS THAT HAVE A CURRENT PA REQUIREMENT, BUT NOT FOR THE NEWLY APPROVED INDICATIONS, FOR OTHER FDA-APPROVED INDICATIONS, AND FOR CHANGES TO AGE REQUIREMENTS NOT LISTED WITHIN THE PA CRITERIA:

- THE PA REQUEST WILL BE REVIEWED BASED UPON THE FOLLOWING PACKAGE INSERT INFORMATION: INDICATION, AGE, DOSE, AND ANY PRE-REQUISITE TREATMENT REQUIREMENTS FOR THAT INDICATION.

**LENGTH OF APPROVAL (INITIAL AND RENEWAL): 12 months**

Table 1. FDA-approved indication, age, and dosing limits for pregabalin formulations.<sup>1</sup>

<u>Medication</u>	<u>Indication(s)</u>	<u>Age</u>	<u>Dosing Limits</u>
<u>Pregabalin ER (Lyrica CR)</u>	<u>Neuropathic pain associated with diabetic peripheral neuropathy (DPN)</u>	<u>≥ 18 years</u>	<u>330 mg per day</u>
	<u>Postherpetic neuralgia (PHN)</u>	<u>≥ 18 years</u>	<u>660 mg per day</u>

#### References

1. Lyrica CR (pregabalin) [package insert]. New York, NY: Pfizer: June 2019.

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DRUG UTILIZATION REVIEW COMMITTEE CHAIR

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DATE

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PHARMACY PROGRAM MANAGER  
DIVISION OF HEALTH CARE FINANCE  
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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DATE